

**GENERAL EXCISE BRANCH LICENSE
MAINTENANCE FORM**

(New, Change, Or Cancel Branch Activity)

TYPE OR PRINT LEGIBLY

1. TAXPAYER'S

(A) GENERAL EXCISE I.D. NO. _____

BRANCH NO. (If applicable) _____

(B) NAME _____

2. BRANCH INFORMATION:

CHECK ONE AND COMPLETE ITEMS INDICATED:

- ☐ 1 New (complete all items in (A) below)
☐ 2 Change (complete only items you are changing in (A) below)
☐ 3 Cancel (complete all items in (B) below)

(A) New or Change

- (1) Branch Name _____
(2) Branch C/O Name _____
(3) Branch Mailing Address _____
(4) Branch Mailing City/State _____ Zip Code _____
(5) Branch Business Address _____
(6) Branch Business City/State _____ Zip Code _____
(7) Branch Business Telephone Number (_____) _____ - _____
(8) Date Branch Business Started _____ / _____ / _____
MO DAY YR

(B) Cancel

- (1) Branch Name _____
(2) Branch Business Address _____
(3) Branch Business City/State _____ Zip Code _____
(4) Date Branch Business Cancelled _____ / _____ / _____
MO DAY YR

MAILING ADDRESSES & TELEPHONE NUMBERS

(Please direct all inquiries and correspondence to the nearest district office.)

OAHU DISTRICT OFFICE
P.O. Box 1425
Honolulu, HI 96806-1425
Telephone: 808-587-4242
Toll Free: 1-800-222-3229

MAUI DISTRICT OFFICE
P.O. Box 1427
Wailuku, HI 96793-6427
Toll Free: 1-800-222-3229

HAWAII DISTRICT OFFICE
P.O. Box 937
Hilo, HI 96721-0937
Toll Free: 1-800-222-3229

KAUAI DISTRICT OFFICE
P.O. Box 1687
Lihue, HI 96766-5687
Toll Free: 1-800-222-3229

THIS SPACE FOR DATE RECEIVED STAMP

The above information is hereby certified to be correct to the best knowledge and belief of the undersigned who is duly authorized to sign this form and understands that an unsigned form will not be accepted.

SIGNATURE

DATE

TITLE (OWNER, PARTNER OR MEMBER, OFFICER)